FILED MAR 1 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 7060

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 4530 Registrar's No. 30

**1. PLACE OF DEATH**
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richards
c. LENGTH OF STAY (In this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Richards Missouri

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richards, Mo.
d. STREET ADDRESS (If rural, give location): _____

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): Owen
c. (Last): McCullough

**4. DATE OF DEATH** (Month) (Day) (Year): 2 - 22 - 55

**5. SEX**: male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed
**8. DATE OF BIRTH**: ? 1867
**9. AGE** (In years last birthday): 88 — If under 1 year: Months ? Days ? — If under 24 hrs.: Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Retired
**11. BIRTHPLACE** (City and State or Foreign Country): Bloomington, Illinois
**12. CITIZEN OF WHAT COUNTRY?**: US

**13a. FATHER'S NAME**: Jack McCullough
**13b. MOTHER'S MAIDEN NAME**: Betty Thatcher
**14. NAME OF HUSBAND OR WIFE**: (wife) Florence Bryant deceased

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.**: ?
**17. INFORMANT'S SIGNATURE OR NAME**: (sister) Mrs. Daisy Will Rogers
**ADDRESS**: Joplin, Mi

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparent Heart attack

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Died Suddenly
DUE TO (c) Lived alone

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* No medical History

Found Dead

INTERVAL BETWEEN ONSET AND DEATH: No Nurse, No Doctor, Body apparently 24 hr. when found

**19a. DATE OF OPERATION**: _____
**19b. MAJOR FINDINGS OF OPERATION**: No indications of foul play, 4343
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): _____
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): _____
**21c. (CITY, TOWN, OR TOWNSHIP)**: Richards **(COUNTY)**: Vernon **(STATE)**: Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): _____ m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: _____

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I* ~~last~~ never *saw the deceased alive on* _____, 19__, *and that death occurred at* ? ? *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Walter D. Thurman (Degree or title): Coroner
**23b. ADDRESS**: Nevada Missouri
**23c. DATE SIGNED**: 2-23-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 2/26/55 — 451
**24c. NAME OF CEMETERY OR CREMATORY**: Richaland Cemetery
**24d. LOCATION** (City, town, or county) (State): Richards, Missouri, Vernon co.

**DATE REC'D BY LOCAL REG.**: 2-25-55
**REGISTRAR'S SIGNATURE**: Osmal E. Ferry
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: Cheney Undertaking Co. Fort Scott, Ks.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 10 1955

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed H. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Mondas, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.